

## APPLICATION DATA SHEET

### Inventor Information

Inventor One Given Name:	HORST
Family Name:	EGGER
Name Suffix:	
Mailing Address Line One:	St. Martiner Strasse 19
Mailing Address Line Two:	
City:	9500 Villach
State or Province:	
Postal or Zip Code:	
City of Residence:	
State or Prov. of Residence:	
Country of Residence:	Austria
Citizenship Country:	Austria
Inventor Two Given Name:	OLAF
Family Name:	SCHWANDT
Name Suffix:	
Mailing Address Line One:	Teuchl 54
Mailing Address Line Two:	
City:	9816 Penk
State or Province:	
Postal or Zip Code:	
City of Residence:	
State or Prov. of Residence:	
Country of Residence:	Austria
Citizenship Country:	Austria

**Inventor Three Given Name:**

**Family Name:**

**Name Suffix:**

**Mailing Address Line One:**

**Mailing Address Line Two:**

**City:**

**State or Province:**

**Postal or Zip Code:**

**City of Residence:**

**State or Prov. of Residence:**

**Country of Residence:**

**Citizenship Country:**

**Given or Company Name of Applicant:**

**Family Name, if any:**

**Name Suffix:**

**Authority Code:**

**Mailing Address Line One:**

**Mailing Address Line Two:**

**City:**

**State or Province:**

**Postal or Zip Code:**

**City of Residence:**

**State or Prov. of Residence:**

**Country of Residence:**

**Citizenship Country:**

**Correspondence Information**

Name Line One: Henry M. Feiereisen  
Name Line Two: Henry M. Feiereisen, LLC  
Address Line One: 350 Fifth Avenue  
Address Line Two: Suite 4714  
City: New York  
State or Providence: NY  
Country:  
Postal or Zip Code: 10118  
Telephone: (212)244-5500  
Fax: (212)244-2233  
Electronic Mail: [info@feiereisenllc.com](mailto:info@feiereisenllc.com)

**Application Information**

Title Line One: SORPTION ELEMENT  
Title Line Two:  
[Repeat for any additional lines]  
Suggested classification:  
Suggested Tech. Center:  
Total Drawing Sheets: 5  
Suggested Dwg. Figure for Pub.:  
Docket Number: EGGER  
Application Type: [Utility] Utility  
Licensed US Govt. Agency:  
Contract or Grant Numbers One:  
Contract or Grant Numbers Two:  
Secrecy Order in Parent Appl.?  
if plant patent app.,  
Latin Name of genus and species of plant claimed:

**Representative Information**

Representative Number One: 020151

Representative Number Two:

[Repeat for extra registration numbers]

**Domestic Priority Information**

This application is a: US-National Phase of International Application  
Application One: PCT/AT2004/000442  
Filing Date: December 15, 2004

which is a:

Application Two:

Filing Date:

[repeat if necessary]

**Foreign Application Information**

Foreign Application One: A 2013/2003  
Filing Date: December 15, 2003  
Country: Austria  
Priority Claimed: Yes

**Assignee Information**

Assignee Name:  
Address Line One:  
Address Line Two:  
City:  
State or Province:  
Country:  
Postal or Zip Code: